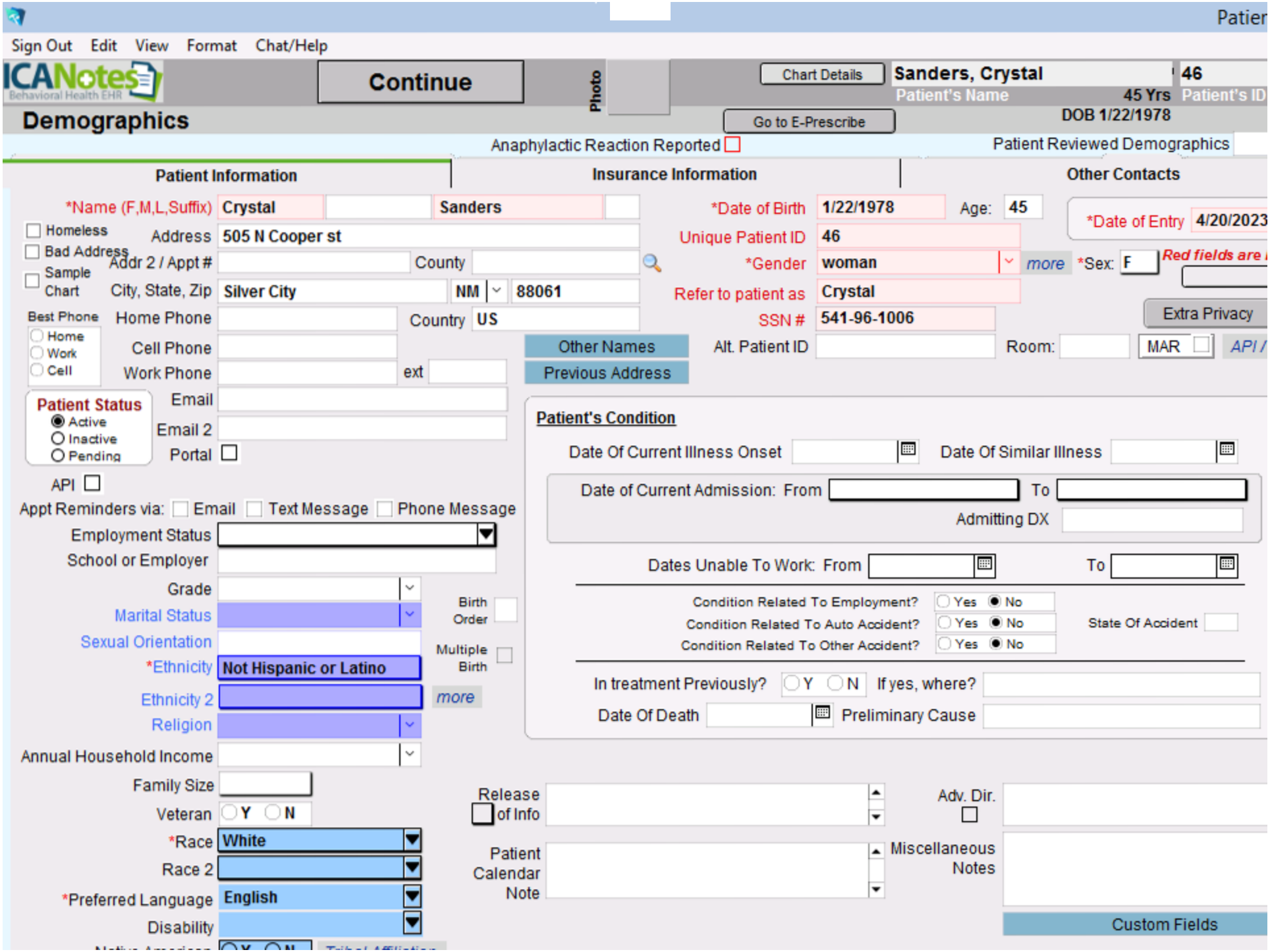
Patier
Sign Out Edit View Format Chat/Help
ICANotes Behavioral Health EHR
Continue
Photo
Chart Details
Sanders, Crystal
Patient's Name
45 Yrs
46
Patient's ID
DOB 1/22/1978
Demographics
Go to E-Prescribe
Anaphylactic Reaction Reported
Patient Reviewed Demographics
Patient Information
Insurance Information
Other Contacts
*Name (F,M,L,Suffix) Crystal Sanders
Homeless
Bad Address
Sample Chart
Address 505 N Cooper st
Addr 2 / Appt #
County
City, State, Zip Silver City NM 88061
Best Phone
Home
Work
Cell
Home Phone
Country US
Cell Phone
Work Phone
ext
Email
Email 2
Portal
Patient Status
Active
Inactive
Pending
API
Appt Reminders via: Email Text Message Phone Message
Employment Status
School or Employer
Grade
Marital Status
Sexual Orientation
*Ethnicity Not Hispanic or Latino
Ethnicity 2
Religion
Annual Household Income
Family Size
Veteran Y N
*Race White
Race 2
*Preferred Language English
Disability
Birth Order
Multiple Birth
more
*Date of Birth 1/22/1978
Age: 45
Unique Patient ID 46
*Gender woman
more
*Sex: F
Refer to patient as Crystal
SSN # 541-96-1006
Alt. Patient ID
Room:
MAR
Other Names
Previous Address
*Date of Entry 4/20/2023
Red fields are
Extra Privacy
API /
Patient's Condition
Date Of Current Illness Onset
Date Of Similar Illness
Date of Current Admission: From
To
Admitting DX
Dates Unable To Work: From
To
Condition Related To Employment? Yes No
Condition Related To Auto Accident? Yes No
Condition Related To Other Accident? Yes No
State Of Accident
In treatment Previously? Y N
If yes, where?
Date Of Death
Preliminary Cause
Release of Info
Adv. Dir.
Patient Calendar Note
Miscellaneous Notes
Custom Fields